

## CLAIMS

REF. NO. 09/647699 FILING DATE

APPLICANT(S)

| CLAIMS       |            |                        |            |                        |            |
|--------------|------------|------------------------|------------|------------------------|------------|
| AS FILED     |            | AFTER<br>1st AMENDMENT |            | AFTER<br>2nd AMENDMENT |            |
| IND.         | DEP.       | IND.                   | DEP.       | IND.                   | DEP.       |
| 1            |            |                        |            |                        |            |
| 2            |            |                        |            |                        |            |
| 3            |            |                        |            |                        |            |
| 4            |            |                        |            |                        |            |
| 5            |            |                        |            |                        |            |
| 6            |            |                        |            |                        |            |
| 7            |            |                        |            |                        |            |
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| 9            |            |                        |            |                        |            |
| 10           |            |                        |            |                        |            |
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| 22           |            |                        |            |                        |            |
| 23           |            |                        |            |                        |            |
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| 26           |            |                        |            |                        |            |
| 27           |            |                        |            |                        |            |
| 28           |            |                        |            |                        |            |
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| 31           |            |                        |            |                        |            |
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| 43           |            |                        |            |                        |            |
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| 48           |            |                        |            |                        |            |
| 49           |            |                        |            |                        |            |
| 50           |            |                        |            |                        |            |
| TOTAL IND.   |            | ↓                      |            | ↓                      |            |
| TOTAL DEP.   |            | ↔                      |            | ↔                      |            |
| TOTAL CLAIMS | [REDACTED] | [REDACTED]             | [REDACTED] | [REDACTED]             | [REDACTED] |

| *            | IND.       | DEP.       | *          | IND.       | DEP.       | *          | IND.       | DEP.       |
|--------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 51           |            |            |            |            |            |            |            |            |
| 52           |            |            |            |            |            |            |            |            |
| 53           |            |            |            |            |            |            |            |            |
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| 61           |            |            |            |            |            |            |            |            |
| 62           |            |            |            |            |            |            |            |            |
| 63           |            |            |            |            |            |            |            |            |
| 64           |            |            |            |            |            |            |            |            |
| 65           |            |            |            |            |            |            |            |            |
| 66           |            |            |            |            |            |            |            |            |
| 67           |            |            |            |            |            |            |            |            |
| 68           |            |            |            |            |            |            |            |            |
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| 70           |            |            |            |            |            |            |            |            |
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| 73           |            |            |            |            |            |            |            |            |
| 74           |            |            |            |            |            |            |            |            |
| 75           |            |            |            |            |            |            |            |            |
| 76           |            |            |            |            |            |            |            |            |
| 77           |            |            |            |            |            |            |            |            |
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| 79           |            |            |            |            |            |            |            |            |
| 80           |            |            |            |            |            |            |            |            |
| 81           |            |            |            |            |            |            |            |            |
| 82           |            |            |            |            |            |            |            |            |
| 83           |            |            |            |            |            |            |            |            |
| 84           |            |            |            |            |            |            |            |            |
| 85           |            |            |            |            |            |            |            |            |
| 86           |            |            |            |            |            |            |            |            |
| 87           |            |            |            |            |            |            |            |            |
| 88           |            |            |            |            |            |            |            |            |
| 89           |            |            |            |            |            |            |            |            |
| 90           |            |            |            |            |            |            |            |            |
| 91           |            |            |            |            |            |            |            |            |
| 92           |            |            |            |            |            |            |            |            |
| 93           |            |            |            |            |            |            |            |            |
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| 97           |            |            |            |            |            |            |            |            |
| 98           |            |            |            |            |            |            |            |            |
| 99           |            |            |            |            |            |            |            |            |
| 100          |            |            |            |            |            |            |            |            |
| TOTAL IND.   |            | ↓          |            |            |            |            |            |            |
| TOTAL DEP.   |            | ↔          |            |            |            |            |            |            |
| TOTAL CLAIMS | [REDACTED] |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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